

II—SECTION MEETINGS

SCIENTIFIC SECTION PROGRAMS

(Numbers in parenthesis after each section indicate sequence reference numbers of papers read in each section.)

I.—General Medicine (1-15).....	11
II.—General Surgery (16-36).....	13
III.—Obstetrics and Gynecology (37-46).....	15
IV.—Eye, Ear, Nose and Throat (47-52a).....	16
V.—Anesthesiology (53-57).....	17
VI.—Dermatology and Syphilology (58-70)....	17
VII.—Industrial Medicine and Surgery (71-79).....	18
VIII.—Neuropsychiatry (80-89).....	19
IX.—Pathology and Bacteriology (90-98).....	20
X.—Pediatrics (99-107).....	21
XI.—Radiology (108-121).....	22
XII.—Urology (122-134).....	23

Rules Regarding Papers and Discussions at the State Meetings

Upon the recommendation of the Executive Committee the following rules regarding papers have been adopted by the Council:

1. The maximum time that may be consumed by any paper is fifteen minutes, provided that not to exceed ten minutes' latitude may be allowed invited guests at the discretion of the presiding chairman.

2. Motions from the floor to extend the time of an author may be entertained by the presiding officer.

3. The maximum time permitted any individual to discuss a paper is four minutes. This also applies to the author in closing his discussion. No speaker may discuss more than once any one subject.

4. A copy of each and every paper presented at the state meeting must be in the hands of the chairman or secretary of the section or in the hands of the general secretary before the paper is presented.

5. All papers read at the annual meeting shall be published in full in CALIFORNIA AND WESTERN MEDICINE as soon after the meeting as space will permit, or at the option of the author, an abstract of the paper of about one column in length shall be published as soon as possible after the meeting, with reprints in full of the entire paper (the cost of setting up type for the reprint to be borne by the Association, and all other costs to be borne by the author).

6. Articles are accepted for publication on condition that they are contributed solely to CALIFORNIA AND WESTERN MEDICINE. Authors desiring to publish their papers elsewhere than in the JOURNAL may have their manuscripts returned to them upon written request to the editor.

7. No paper will be accepted by the General Program Committee nor by Section Program Committees unless accompanied by a synopsis of not to exceed fifty words.

8. Papers shall not be "read by title."

9. No member may present more than one paper at any one state meeting, provided that a member may be a collaborator on more than one paper, if these papers are presented by different authors.

10. Failure on the part of an author to present a paper precludes acceptance of future papers from such author for a period of two years, unless the author explains to the satisfaction of the Executive Committee his inability to fulfill his obligation.

Section Papers: How Numbered

For convenience in reference, papers are numbered in serial sequence for the entire session, instead of a separate sequence for each section.

Business Meetings of Sections

Time of business meetings and elections of officers of sections will be scheduled on section blackboards by section secretaries, and through preliminary announcements by section chairmen.

Unless otherwise announced, the business meetings of each section and the election of officers will be held immediately after the reading of the second paper on the second day's section program.

I

GENERAL MEDICINE SECTION

EDWIN L. BRUCK, M.D., *Chairman*
384 Post Street, San Francisco

HOWARD F. WEST, M.D., *Secretary*
1930 Wilshire Boulevard, Los Angeles

First Meeting—Ballroom*

Monday, May 9, 1:30 p. m.

1. *Electrocardiographic Study of Coronary Thrombosis—The Value of the Chest Lead in Determining the Location of the Infarct*—William H. Leake, M.D., 1930 Wilshire Boulevard, Los Angeles; G. Creswell Burns, M.D., 1052 West Sixth Street, Los Angeles; Wilbur A. Beckett, M.D., 3875 Wilshire Boulevard, Los Angeles.

The death charts of approximately one hundred and fifty patients dying as a result of coronary thrombosis have been reviewed. The electrocardiograms and autopsy findings were analyzed in each case in an attempt to determine the value of the chest lead in localizing the infarct.

Discussion by John Kent Lewis, M.D., San Francisco; E. Richmond Ware, M.D., Los Angeles.

2. *A Concept of Angina Pectoris with Applications to Therapy*—M. H. Nathanson, M.D., 2007 Wilshire Boulevard, Los Angeles.

The clinical syndrome, angina pectoris, cannot be adequately explained solely on the basis of occlusive coronary disease with myocardial ischemia. Evidence is presented implicating the cardiac sympathetic innervation and a concept suggested that angina pectoris results from the synergistic action of myocardial ischemia and sympathetic nervous activity. Experiments demonstrating methods to reduce cardiac sympathetic tonus are presented and the practical application to therapy is suggested.

Discussion by John J. Sampson, M.D., San Francisco; James F. Churchill, M.D., San Diego.

3. *Cardiac Dyspnea*—Tinsley R. Harrison, M.D. (by invitation), Vanderbilt University, Nashville, Tennessee.

The address will include a discussion of the types of dyspnea occurring in patients with heart disease, the underlying and precipitating causes of such dyspnea, the effects of dyspnea, and the treatment of this symptom.

4. *Heart Failure in Vitamin B₁ Deficiency*—Clifford B. Cherry, M.D., 1030 Kansas Street, San Francisco.

Heart failure due to deficiency of vitamin B₁ is of not infrequent occurrence. Its early recognition is of especial importance because an adequate therapy is available. Diagnosis and treatment are discussed, and the return of the heart to normal size under treatment is illustrated by roentgenograms.

Discussion by Jay Marion Read, M.D., San Francisco; Arthur A. Marlow, M.D., La Jolla.

5. *The Heart in Pneumoconiosis*—Charles B. Coggin, M.D., Donald E. Griggs, M.D., and Walter D. Stilson, M.D., 312 North Boyle Avenue, Los Angeles.

This is a study of the effect of pneumoconiosis upon the heart as it can be elicited clinically, by routine x-ray films, and as it is found at autopsy. The clinical records, x-ray films, and protocols of one hundred autopsied cases at Los Angeles County Hospital are reviewed.

Discussion by R. Manning Clarke, M.D., Los Angeles; Roy E. Thomas, M.D., Los Angeles.

*Following the adjournment of this program, the California Heart Association will hold its annual meeting in this room. All members of the Heart Association and others interested are urged to remain.

Second Meeting—Ballroom**Tuesday, May 10, 8:30 a. m.**

6. *Trichiniasis: Report of an Outbreak of Twenty-Five Cases*—Hyman I. Vener, M.D., C.P.H.; George M. Stevens, M.D., Los Angeles City Health Department, 116 West Temple Street, Los Angeles.

An epidemiological investigation conducted by the Department of Epidemiology, Los Angeles City Health Department, and confirmed by definite laboratory procedures. The mild clinical manifestations and the necessity for caution are stressed.

Many instances of supposed influenza with prolonged convalescence could be due to trichiniasis. Laboratory assistance is of value, but does not indicate the clinical severity. Recommendations for control are given.

Discussion by Edward M. Butt, M.D., Los Angeles; Karl F. Meyer, M.D., Hooper Foundation, University of California, San Francisco.

7. *Clinical Management of Goiter*—Mayo H. Soley, M.D., University of California Hospital, San Francisco.

Colloid goiters can be largely eliminated by the use of iodine in endemic areas. Nontoxic nodular goiters, toxic nodular goiters, and the majority of toxic diffuse goiters should be subtotally removed. Mortality can be reduced by preoperative preparation of all patients with toxic goiters. From 30 to 40 per cent of patients with toxic diffuse goiters can be successfully treated with x-ray.

Discussion by Leon Goldman, M.D., San Francisco; Evelyn Anderson, M.D., San Francisco.

8. *Chairman's Address*—Edwin L. Bruck, M.D., 384 Post Street, San Francisco.

9. *The Identification of Fungi Causing Disease in California*—Robert A. Stewart, M.D., University of California Hospital, San Francisco.

Two general types of procedures are employed in the identification of fungi: descriptive morphology and physiological activity as seen in culture solutions. Difficulty arises when the attempt is made to correlate the results obtained by one method with that of the other. Resolution is possible by the use of chemically defined culture solutions.

Discussion by H. E. Miller, M.D., San Francisco; N. N. Epstein, M.D., San Francisco.

10. *Dermatomyositis: Report of Case Associated with Rheumatic Heart Disease*—Frederick Kellogg, M.D., 211 Cherry Avenue, Long Beach; Felix Cunha, M.D., 450 Sutter Street, San Francisco.

A case of dermatomyositis following smallpox vaccination and associated with rheumatic heart disease is presented. The clinical aspects and various forms of therapy are outlined. Particular emphasis is laid on the prevention of deformity during acute stages and on physiotherapy in rehabilitation.

The paper is supplemented by slides of photographs, microphotographs, and roentgenograms.

Discussion by William J. Kerr, M.D., San Francisco; Irwin C. Schumacher, M.D., San Francisco.

Business Recess

Business meeting and election of officers.

✽

Third Meeting—Ballroom**Wednesday, May 11, 8:30 a. m.****SYMPOSIUM ON VITAMINS**

This will be a joint meeting of the Sections on Pediatrics and General Medicine.

The program of this joint meeting is printed under the second meeting of the Pediatrics Section. (See page 21.)

Fourth Meeting—Ballroom**Wednesday, May 11, 1:30 p. m.****SYMPOSIUM ON SHOCK—ACUTE CIRCULATORY FAILURE**

This symposium will be presented by Alfred Blalock, M.D., Professor of Surgery, and Tinsley R. Harrison, M.D., Professor of Medicine, Vanderbilt University School of Medicine, Nashville, Tennessee.

- (a) *Peripheral Circulatory Failure*—Alfred Blalock, M.D.

Peripheral circulatory failure is divided into three types: (1) hematogenic, (2) neurogenic, and (3) vasogenic. The reasons for this division and the etiology of each type are considered. The treatment of the several types varies somewhat, according to the cause. Various forms of treatment will be discussed.

- (b) *Acute Cardiac Failure Simulating Peripheral Circulatory Failure*—Tinsley R. Harrison, M.D.

Acute cardiac failure is of three types: (1) Sudden death due either to ventricular fibrillations, or cardiac standstill; (2) cardiac syncope, usually brought about by sudden slowing of the rate; and (3) acute cardiac collapse due either to acute myocardial injury, to severe tachycardia, or to sudden mechanical hindrance to the action of the heart. The treatment of these several conditions varies according to the cause. A brief discussion of each of the different causes and of the proper treatment will be given.

Discussion by William Dock, M.D., Professor of Pathology, Stanford Medical School, San Francisco.

✽

Fifth Meeting—Ballroom**Thursday, May 12, 9:00 a. m.**

11. *Routine Pulmonary Radiography of Prison Entrants*—George C. Lowell, M.D., Medical Department, California State Prison, San Quentin.

All prisoners, on entrance to San Quentin, have a radiograph of the chest taken. The series of two thousand entrants shows the radiological evidence of tuberculosis in some form in about ten per cent of all cases, active tuberculosis being found in about one per cent of all cases. Methods of treatment are outlined and unusual cases cited.

Discussion by Howard Ruggles, M.D., San Francisco; Cabot Brown, M.D., San Francisco.

12. *Tuberculosis in San Quentin State Prison*—Leo L. Stanley, M.D., Medical Department, California State Prison, San Quentin.

Here are presented excerpts from the biennial medical reports of San Quentin Prison since its establishment in 1851. Accompanying is a graph showing increase in prison population, peaks of incidence of tuberculosis, and death rate. Mortality decreased from seventeen per thousand in 1887 to two per thousand in 1937.

Discussion by Howard Ruggles, M.D., San Francisco; Cabot Brown, M.D., San Francisco.

13. *Geriatrics*—Leonard J. Brunie, M.D., 60 South Grand, Pasadena.

This paper introduces a study in longevity, and is a careful analysis of the heredity, habits, medical history, and clinical findings of those fortunate ones who are found active and in good health in the ninth decade of their lives. This is a preliminary study which it is hoped will stimulate interest in that rapidly developing new science, geriatrics.

Discussion by Robert E. Ramsay, M.D., Pasadena; Franklyn R. Nuzum, M.D., Santa Barbara.

14. *Renal Function in the Aged*—L. Dale Huffman, M.D., 6305 Yucca Street, Hollywood.

Modern methods of testing renal function should be applied in the examination of persons of advanced age. The reliability and prognostic significance of the findings resulting from such tests are analyzed. Needed caution in the interpretation of them is discussed.

Discussion by Donald J. Frick, M.D., Los Angeles; Roland G. Cummings, M.D., Los Angeles.

15. *Clinical Evaluation of the Use of Adrenal Cortex in Treating Childhood Asthma*—F. M. Pottenger, Jr., M.D., 1930 Wilshire Boulevard, Los Angeles.

This paper deals with the continued use of the adrenal cortex, mineralized diet, and associated therapy, reported before this Association in 1935. The results discussed will deal with those patients who have been under observation for a period of one or more years. Certain findings in these cases will be discussed and particular reference will be laid on the regimen followed in their treatment.

Discussion by E. Kost Shelton, M.D., Los Angeles; Leland Hunnicutt, M.D., Pasadena.



II

GENERAL SURGERY SECTION*

HARLAN SHOEMAKER, M.D., *Chairman*
1930 Wilshire Boulevard, Los Angeles

NELSON J. HOWARD, M.D., *Secretary*
2957 Divisadero Street, San Francisco

RAY B. MCCARTY, M.D., *Assistant Secretary*
3616 Main Street, Riverside

First Meeting—Crystal Room

Monday, May 9, 1:30 p. m.

16. *Torsion of the Omentum*—Phillip J. Lipsett, M.D., 400 Twenty-ninth Street, Oakland.

A review of the literature, particularly the series of cases by Corner and Pinches, and that of Morris. A detailed discussion of the etiology and diagnosis of the condition. The differential diagnosis from acute appendicitis, with which it is most frequently confused, is stressed. Two additional cases are reported in detail. An analysis of eighteen cases from the literature, not previously included in other studies, and a plea for more careful observation in this condition to help in the diagnosis and greater knowledge of etiological factors.

Discussion by Thomas F. Mullen, M.D., San Francisco; George Rhodes, M.D., San Francisco.

17. *Acute Pancreatitis*—Norman C. Paine, M.D., 118 West Wilson Avenue, Glendale.

Six cases of acute pancreatitis observed in one year led the author to study the sixty-four cases with this diagnosis in the files of the Los Angeles General Hospital. Half of these cases occurred in the last year. Recent literature and experimental work have been reviewed. Conclusions suggest standardization of preliminary laboratory procedure and indications for surgery.

Discussion by W. H. Olds, M.D., Los Angeles; Frank MacDonald, M.D., Sacramento.

18. *Auscultation of the Abdomen*—John Homer Woolsey, M.D., Woodland Clinic, Woodland.

Clinical application of auscultation of the abdomen will be discussed, with attention to the cause for the absence or increase of peristalsis; report of observation in various clinical conditions and in the post-operative course; and interpretation of the same.

Discussion by Charles Sturgeon, M.D., Los Angeles; Frank Wiebe, M.D., Salinas.

19. *Problems in Diagnosis of Acute Appendicitis*—Thomas O. Burger, M.D., and Harold C. Torbert, M.D., 2120 Fourth Avenue, San Diego.

Review of 449 cases of acute appendicitis, 26.9 per cent of which were ruptured at time cases were referred to us, with emphasis on diagnostic aspects. Fourteen atypical modes of onset noted, emphasis on which had led practitioner into error. Occurrence of symptoms and findings when appendix is in unusual location discussed.

Discussion by Einar Eiskamp, M.D., Watsonville; Walter A. Bayley, M.D., Los Angeles.

20. *Actinomycosis in Association with Appendicitis and Ruptured Viscus*—W. Wallace Greene, M.D., and Carleton Mathewson, Jr., M.D., San Francisco Hospital, San Francisco.

A review of the mode of infection, clinical-picture, and pathology of actinomycosis following acute suppurative appendicitis and ruptured viscus; presentation of cases and recommendations for treatment.

Discussion by Leon Goldman, M.D., San Francisco; Thomas A. Card, M.D., Riverside.

✱

Second Meeting—Crystal Room

Tuesday, May 10, 8:30 a.m.

21. *Address by Chairman*—Harlan Shoemaker, M.D., 1930 Wilshire Boulevard, Los Angeles.

22. *Regional Anesthesia in the Acute Abdomen*—E. C. Moore, M.D., 511 South Bonnie Brae Street, Los Angeles.

Less shock to patients; less manipulation; less spreading of infection and much less mortality thereby.

Discussion by Verne C. Hunt, M.D., Los Angeles; Whitfield Crane, M.D., Oakland.

23. *Anomalies of the Colon*—W. H. Brownfield, M.D., 2007 Wilshire Boulevard, Los Angeles.

Cause symptoms of other visceral pathological changes. A plea for generous incision and thorough exploration. The commonly called chronic appendix is usually but a part in the process of cecal "immobilization." Extention of the linea terminalis may be responsible for condition of frequently called fixed sigmoid colon. The incidence of diverticulosis and diverticulitis. The various herniations are not discussed.

Discussion by John C. Schmoee, M.D., Los Angeles; Caleb Stone, M.D., Santa Barbara.

24. *The Problem of Multiple Polyposis of the Colon*—Robert Scarborough, M.D., Stanford Hospital, Clay and Webster Streets, San Francisco.

Multiple polyposis of the colon, either hereditary ("primary diffuse polyposis") or secondary to an inflammatory process in the colon ("pseudopolyposis") presents a critical problem to the surgeon. Eradication of all polyps is essential to prevent almost inevitable malignant degeneration. To this end radical surgery alone has been shown to be effective. Three successful cases of excision of the entire colon and rectum are described.

Discussion by William Daniel, M.D., Los Angeles; Fred Foote, M.D., San Francisco.

25. *Colectomy, Complete*—Alanson Weeks, M.D., and G. D. Delprat, M.D., Fitchhugh Building, San Francisco.

Experience with three patients. Three patients are presented in which a complete colectomy is performed. The first for pseudopolyposis, and ulceration of the colon. The other two cases for ulceration, fistula formation, and marked toxemia.

Discussion by A. C. Reed, M.D., San Francisco; Malcolm Hill, M.D., Los Angeles.

26. *Obstruction Following Gastro-enterostomy or Subtotal Resection of the Stomach—A New and Simple Operation for Its Relief*—Carl L. Hoag, M.D., 384 Post Street, San Francisco, and John B. deC. M. Saunders, F.R.C.S. (Ed.), University of California Hospital, San Francisco (by invitation).

Early obstruction following gastro-enterostomy or subtotal resection of the stomach occurs in a comparatively small percentage of cases, but when it does happen it is a serious and frequently fatal condition. If the obstruction persists after seven to ten days of conservative treatment or occurs late in the period of convalescence, it is usually mechanical in character so that an emergency operation becomes imperative, with a resulting mortality of approximately 75 per cent.

The authors have devised a jejunoplasty, based upon the principles of the Finney pyloroplasty, which

* Monitors: Carleton Mathewson, M.D., San Francisco, and Omer Wheeler, M.D., Riverside.

requires a minimum of surgery and gives the same excellent relief. This jejunoplasty is of value not only in relieving the acute obstruction, but it permits visual inspection of the stoma and may be used in chronic cases as an approach, (1) for cauterization or excision of a marginal or jejunal ulcer; (2) to increase the size of the gastric stoma if it is too small; and (3) to completely close the gastric stoma in those cases where restoration of the original continuity of the gut is desired.

Report of cases. Illustration by lantern slides and charts. Report of animal experimentation. Exhibit of museum specimens.

Business Recess

Business meeting and election of officers.

✽

Third Meeting—Crystal Room

Wednesday, May 11, 8:30 a. m.

27. *The Surgical Importance of Papaverin Hydrochlorid*—Donald C. Collins, M.D., 1930 Wilshire Boulevard, Los Angeles.

The alkaloid papaverin should be in the armamentarium of every surgeon. The administration of this drug intravenously has saved over 90 per cent of individuals with recent severe massive postoperative pulmonary embolism. The intra-arterial injection has obviated the necessity of an embolectomy in 84 per cent of those suffering from emboli of the peripheral circulation.

Discussion by Donald A. Charnock, M.D., Los Angeles; Stanley H. Mentzer, M.D., San Francisco.

28. *Muscle Grafts in Surgery of Heart and Lung*—Brodie Stephens, M.D., and Harry Benteen, M.D. (by invitation), 384 Post Street, San Francisco.

Fourteen dogs have had bilateral ligation (in stages) of both the right and left coronary arteries. The pectoral muscle has been employed as a graft in an effort to provide an adequate blood supply to the heart in the animals so treated. These animals have now been observed fourteen to eighteen months. A report of the fate of these grafts amplified with injection preparations will be presented. In humans, muscle grafts have also been used in the closure of lung abscess cavities. The fate of these grafts, too, will be demonstrated by both gross and histologic demonstrations.

Discussion by Paul C. Sampson, M.D., Oakland; Albert H. Elliott, Jr., M.D., Santa Barbara.

29. *Transpleural Repair of Traumatic Diaphragmatic Hernia*—H. E. Schiffbauer, M.D., 1005 Brockman Building, Los Angeles.

A report of six cases, with slides and motion pictures in color.

With the increase in injuries from automobile accidents, the incident of traumatic rupture of the diaphragm has increased, and is more often diagnosed. Routine roentgenological examination of the chest is often not sufficient to make the diagnosis. Treatment consists of a reposition of the viscera, repair of hernia by abdominal or transpleural route.

Discussion by Emile Holman, M.D., San Francisco; Clarence G. Toland, M.D., Los Angeles.

30. *Report of Follow-up and Evaluation of the Injection Treatment of Hernia*—Franklin I. Harris, M.D., 450 Sutter Street, San Francisco, and A. S. White, M.D., 516 Sutter Street, San Francisco.

This follow-up study is by request of the chairman of the 1937 Del Monte meeting; a continuation of the report rendered the Society at the 1937 meeting concerning the cases presented at the 1936 meeting in Coronado.

Open to discussion from the floor.

31. *Venereal Lymphogranuloma in California*—Carleton Mathewson, Jr., M.D., San Francisco Hospital.

This report was requested by the chairman of the 1937 session held at Del Monte.

Fourth Meeting—Ballroom

Wednesday, May 11, 1:30 p. m.

SYMPOSIUM ON SHOCK

This will be a joint meeting of the following sections: Medicine; Surgery; Obstetrics and Gynecology; Eye, Ear, Nose, and Throat; Pathology; Pediatrics.

The program of this joint meeting is printed under the fourth meeting of the General Medicine Section. (See page 12.)

✽

Fifth Meeting—Crystal Room

Thursday, May 12, 9:00 a. m.

32. *Burn Contractures of the Hand: Their Prevention and Correction by Means of Skin Grafting*—Harry Blackfield, M.D., 350 Post Street, San Francisco.

A detailed discussion of the types of skin grafts used for hand-surface reconstruction following burns is included in this paper. Lantern slides will be shown, illustrating progressive stages of the grafting in early and late cases, and the results achieved.

Discussion by William Kiskadden, M.D., Los Angeles; Gerald B. O'Connor, M.D., San Francisco.

33. *Nerve Grafts*—Sterling Bunnell, M.D., and Joseph H. Boyes, M.D., 516 Sutter Street, San Francisco.

A note of skepticism pervades the literature concerning nerve grafts which is not warranted by clinical experiences based upon thirty-one cases. The indications for the use of nerve grafts are considered, and regeneration through both undegenerated and degenerated free nerve grafts in experimental animals is shown by photomicrographs. The end-results of thirty-one cases of free nerve grafts in humans are shown graphically on lantern slides.

Discussion by Carl Rand, M.D., Los Angeles; Edmund J. Morrissey, M.D., San Francisco.

34. *Spontaneous Hematoma Occurring in the Rectus Muscle*—H. Glenn Bell, M.D., and Harry Benteen, M.D. (by invitation), University of California Hospital, San Francisco.

The recognition, diagnosis, and treatment of this condition are discussed and a report of cases is given. An etiological classification is offered.

Discussion by Ray B. McCarty, M.D., Riverside, and Edgar L. Gilcreest, M.D., San Francisco.

35. *The Treatment of Cancer of the Lip*—Report of 160 cases from 1932 to 1937, inclusive—George Stevenson Sharp, M.D., 605 Professional Building, Pasadena.

One hundred and sixty cancers of the lip with positive pathological reports are discussed. The treatment of the primary growth is performed advantageously by radiation or surgery or both according to the clinical and microscopical type of cancer. The secondary or metastatic growth in the neck is treated by radical surgery. The clinical types of lip cancer, the procedures of treatment and results are demonstrated by lantern slides.

Discussion by Alson R. Kilgore, M.D., San Francisco, and George D. Brown, M.D., Pomona.

36. *Benign Tumors of Female Breasts*—Franklyn D. Hankins, M.D., 3616 Main Street, Riverside.

The normal anatomy and physiology of the female breast will be briefly reviewed. Alterations of the normal physiology will be discussed in relation to the production of the various pathologic states, namely, (1) mazoplasia, (a) fibro-adenoma; (2) cystic disease; (3) papilloma; (4) Schimmelbusch's disease. The symptoms, diagnosis, and treatment and their relation to malignant tumors will be described.

Discussion by Edward M. Butt, M.D., Los Angeles; Nelson J. Howard, M.D., San Francisco.

III

OBSTETRICS AND GYNECOLOGY
SECTION*

R. GLENN CRAIG, M.D., *Chairman*
Medico-Dental Building
490 Post Street, San Francisco

GEORGE W. COON, M.D., *Vice-Chairman*
3770 Twelfth Street, Riverside

JOHN N. EWER, M.D., *Secretary*
411 Thirtieth Street, Oakland

First Meeting—Tap Room

Monday, May 9, 1:30 p. m.

37. *Squamous Cell Epithelioma of the Vulva*—Edward J. Kilfoy, M.D., 1930 Wilshire Boulevard, Los Angeles.

This paper consists of a review of the literature, anatomy, pathology, the diagnosis, the differential diagnosis, and surgical treatment. The value of x-ray and radium therapy. The radical surgical procedure to be carried out, with an analysis of fifty cases, as regards age incidence, degree of malignancy, type of treatments used, and the prognosis as regards longevity. Illustrated by lantern slides.

Discussion by James Percy, M.D., Los Angeles.

38. *The Use of Sulphanilamid in Lower Genital Tract Gonorrhea*—Arnold Manor, M.D., 2355 California Street, San Francisco.

This paper concerns briefly the use of sulfanilamid in the treatment of gonorrhea in the Women's Out-Patient Clinic at Stanford University Hospital, and the results obtained.

Discussion by Norman H. Williams, M.D., Los Angeles.

39. *The Use of Sulphanilamid in Upper Genital Tract Gonorrhea*—Raymond E. Gillett, M.D., (by invitation), 2635 Twenty-Third Street, San Francisco.

Discussion of dosage; clinical therapeutic results obtained with sulphanilamid in (a) initial acute salpingo-oöphoritis, (b) recurrent acute salpingo-oöphoritis, and (c) acute parametritis; the value of this drug in the treatment of cervicitis; toxic complications during medication; deductions.

Discussion by Henry N. Shaw, M.D., Los Angeles; Roy E. Fallas, M.D., Los Angeles; and Norman H. Williams, M.D., Los Angeles.

40. *Gonorrheal Vulvovaginitis in Childhood*—Woodburn K. Lamb, M.D., 2490 Channing Way, Berkeley.

This study presents a series of twenty-three patients studied at the University of Michigan Hospital, with vulvovaginitis of gonorrheal etiology. The physiology concerned in this disease entity is discussed, and slides to demonstrate the changes are presented. Treatment in the twenty-three cases consisted of estrogenic hormone (Theelin) given intramuscularly. In all the cases studied, a positive urethral and vaginal smear was found. The potentialities of the urethra as a focus of reinfection discussed, and the need for careful study stressed.

Discussion by Bernard J. Hanley, M.D., Los Angeles.

41. *Renal Changes Following Toxemias of Late Pregnancy*—Ernest W. Page, M.D., 2560 Bancroft Way, Berkeley, and Alvin J. Cox, M.D., 1905 Laguna Avenue, San Francisco.

A study based on the histologic findings of kidneys from women who have had toxemias of late pregnancy, compared with those from women who have had pregnancies, but no evidence of toxemia. The results are interpreted with the aid of clinical follow-up studies on ninety cases of eclampsia.

Discussion by Lyle G. McNeile, M.D., Los Angeles, and Dwight L. Wilbur, M.D., San Francisco.

Second Meeting—Tap Room

Wednesday, May 11, 8:30 a. m.

42. *Varicose Veins in Pregnancy*—A. M. McCausland, M.D., 3780 Wilshire Boulevard, Los Angeles.

This paper is a preliminary report of the history, treatment, and follow-up examinations of 150 pregnant women, whose varicose veins were cared for at the Los Angeles Maternity Service. Special attention will be given to the treatment of vulvar varicosities. A very short review of the literature on this subject will be included. Slides will be used in presenting the material and in demonstrating the technique used.

Discussion by Nelson J. Howard, M.D., San Francisco.

43. *Induction of Labor*—William Benbow Thompson, M.D., 803 Wilshire Medical Building, Los Angeles.

Within the past few years there have appeared numerous enthusiastic publications advocating induction of labor by means of rupture of membranes accompanied by preliminary castor oil and quinin medication and usually followed by Intranasal Pituitary Extract. As should have been expected, the procedure has been adopted by many with insufficient experience in obstetrics in general and, as a consequence, often the results have been highly unsatisfactory for both mother and child. In general, the failure in induction has occurred because the condition of the cervix has not been recognized. In other instances an unfavorable position of the infant has resulted disastrously. A review of the patients upon whom induction has been performed, gathered from two of the local hospitals, and, in addition, a questionnaire covering the experience of the members of the Pacific Coast Obstetrical Society, forms the basis of this study.

Discussion by Donald Tollefson, M.D., Los Angeles.

44. *Chairman's Address: The Specialty of Gynecology*—R. Glenn Craig, M.D., 490 Post Street, San Francisco.

The scope of gynecology. Its development. A consideration of the anthropological, psychological, and endocrinological characteristics of the female. The importance of these in the selection, application and evaluation of surgical procedures.

45. *The Relation of Estrogenic and Gonadotropic Hormones to Climacteric Symptoms*—Kathleen M. Murphy, M.D., 516 Sutter Street, San Francisco, and C. F. Fluhmann, M.D., Stanford University Hospital, San Francisco.

The recent literature tends to attribute the subjective symptoms of the climacteric to either the loss of ovarian secretion or increase of anterior pituitary hormone. The present study is an analysis of the hormone content of the blood of climacteric women before and after the menopause, and its relation to the patients' symptoms.

Discussion by John C. Irwin, M.D., Los Angeles.

46. *Roentgen-Ray Therapy for Uterine Cancer*—Daniel G. Morton, M.D., University of California Hospital, San Francisco.

An effort is made to assay the value of high voltage roentgen-ray therapy for uterine cancer as reflected by the results obtained during the last six years at the University of California Hospital on cases in which deep roentgen-ray therapy was used. Survival curves are compared with those obtained in comparable cases not so treated. The morbidity and mortality of roentgen radiation is discussed.

Discussion by Robert Stone, M.D., San Francisco.

Business Recess

Business meeting and election of officers.

* Monitors: Dwight D. Young, M.D., Los Angeles, and James V. Campbell, M.D., Oakland.

Third Meeting—Ballroom
Wednesday, May 11, 1:30 p. m.

SYMPOSIUM ON SHOCK

This will be a joint meeting of the following sections: Medicine; Surgery; Obstetrics and Gynecology; Eye, Ear, Nose and Throat; Pathology; Pediatrics.

The program of this joint meeting is printed under the fourth meeting of the General Medicine Section. (See page 12.)



IV

EYE, EAR, NOSE, AND THROAT SECTION*

FRANK BAXTER, M.D., *Chairman*
 1624 Franklin Street, Oakland

DEWEY R. POWELL, M.D., *Vice-Chairman*
 Medico-Dental Building, Stockton

CLIFFORD W. WALKER, M.D., *Secretary*
 427 West Seventh Street, Los Angeles

First Meeting—Cottage "A"

Monday, May 9, 1:30 p. m.

47. *The Equipment of the Modern Oculist's Office*—George Hosford, M.D., 450 Sutter Building, San Francisco.

Relation of economic pressure to present-day trends in medical and surgical practice. Methods of meeting conditions which are developing. Organization of an ophthalmological office. Climatic considerations and location of building. Floor plans and routing of patients. Waiting rooms, treatment rooms, operating room, homatropin room, field room, refraction charts and equipment, slitlamps, control of illumination.

Discussion by Clifford W. Walker, M.D., Los Angeles; Samuel Durr, M.D., San Diego.

48. *The Surgical Management of Otogenous Brain Abscess*—Leo J. Adelstein, M.D., 1930 Wilshire Boulevard, Los Angeles.

The surgical management of otogenous brain abscess includes: (1) The exact diagnosis and localization by neurologic study. (2) An optimum period of observation to allow the infectious process to thoroughly encapsulate. (3) Surgical drainage by the simplest possible method and adequately maintained for at least six weeks or longer. The method of drainage by choice is the one that permits adequate and prolonged drainage with the least amount of post-operative interference on the part of the operator.

Discussion by George H. Patterson, M.D., Los Angeles; Simon Jesberg, M.D., Los Angeles.

49. *Progressive Essential Atrophy of Iris—A Summary of All Reported Cases*—Etta C. Jeancon, M.D., 523 West Sixth Street, Los Angeles.

Progress of a case which has been under observation for six years. All reported cases (about thirty), compared and studied with especial regard to their final outcome, most of which ended in blindness in the affected eye.

Discussion by Hans Barkan, M.D., San Francisco; George Landegger, M.D., Los Angeles.

50. *The Prognosis in Sarcoma of the Uveal Tract*—M. N. Beigelman, M.D., 1930 Wilshire Boulevard, Los Angeles.

The relative incidence of recurrence and metastases in various clinical stages of the disease. The

* Monitors: Dewey Powell, M.D., Stockton, and Rodman Irvine, Los Angeles.

prognostic value of histologic structure in cases of uveal sarcoma, based on (1) the presence or absence of pigment; (2) the type of cells; (3) the distribution of reticular fibers. Statistical illustrations.

Discussion by Hans Barkan, M.D., San Francisco; H. G. Merrill, M.D., San Diego.

✱

Second Meeting—Cottage "A"

Tuesday, May 10, 8:30 a. m.

51. *The Endonasal Tear Sac Operation*—Ben L. Bryant, M.D., 2007 Wilshire Boulevard, Los Angeles.

The various surgical procedures which have been used in the past for the treatment of chronic dacryocystitis are considered, and their respective advantages and disadvantages evaluated. A modified endonasal operation is described, with emphasis placed on those factors which are of greatest influence on the final result, stress being placed on the physiology of the region. The results of a series of cases treated by this method are presented.

Discussion by George P. Landegger, M.D., Los Angeles; John P. Lordan, M.D., Los Angeles.

52. *Exfoliation of the Lens Capsule: Frequency of Occurrence and Significance*—Rodman Irvine, M.D., 700 Roosevelt Building, Los Angeles.

Two hundred and thirty-five cataract patients seen consecutively at the Government Eye Hospital at Madras, India, were examined for exfoliation of the lens capsule. The condition was found in eight per cent of the cases. Of those with exfoliation, 50 per cent had chronic glaucoma. Twenty cases seen in this country were followed and showed an incidence of glaucoma of 75 per cent. The prognosis for these cases is less favorable than for other cataract cases, generally speaking. The relation of senile exfoliation of the lens capsule to zonular lamellar separation, as seen in heat cataract, is discussed with an attempt to explain the etiology of exfoliation.

Discussion by Clinton Wilson, M.D., and George Landegger, M.D.

- 52a. *Treatment of Sinusitis by the Displacement Method*—Lawrence K. Gundrum, M.D., 1930 Wilshire Boulevard, Los Angeles.

Report of eight hundred cases using ephedrin, neosynephrin, antigen, and foreign proteins.

The cases reported in this paper comprise a study conducted during the past ten years. The discussion is limited to chronic sinusitis. Eight hundred cases are presented with symptoms, findings and results, with treatments. The displacement treatment was used in all cases. One hundred and eighty treated, using ephedrin or neosynephrin in normal saline; twenty using autogenous bacterial antigen; five hundred using stock antigens; and one hundred with foreign proteins (broth media). The results were most favorable when stock antigens were used.

Discussion by Herman Semenov, M.D., Los Angeles, and Mathew N. Hosmer, M.D., San Francisco.

Business Recess

Business meeting and election of officers.

✱

Third Meeting—Ballroom

Wednesday, May 11, 1:30 p. m.

SYMPOSIUM ON SHOCK

This will be a joint meeting of the following sections: Medicine; Surgery; Obstetrics and Gynecology; Eye, Ear, Nose and Throat; Pathology; Pediatrics.

The program of this joint meeting is printed under the fourth meeting of the General Medicine Section. (See page 12.)

V

ANESTHESIOLOGY SECTION*

WILLIAM LEROY GARTH, M.D., *Chairman*
1252 Third Avenue, San Diego

JOHN G. DUNLOP, M.D., *Secretary*
168 So. Kingsley Drive, Los Angeles

First Meeting—Cottage "F"

Monday, May 9, 1:30 p. m.

53. *Chairman's Address: Anesthesia in Europe*—William L. Garth, M. D., 1252 Third Avenue, San Diego.

54. *Present Status of Inhalation Anesthesia for Tonsillectomy with Special Technique when Pulmonary or Renal Complications Exist*—R. G. Henderson, M. D., 1101 Security Building, Long Beach.

Inhalation anesthesia for tonsillectomy is a procedure which requires careful technique and involves much responsibility. Preoperative medication is discussed together with routine methods of anesthesia, using gas and ether vapor. Pulmonary and kidney complications contraindicate the use of ether, and endotracheal cyclopropane is recommended as a desirable alternative method.

Discussion by C. E. Harner, M. D., Long Beach; W. W. Hutchinson, M. D., Los Angeles.

55. *On Respiration*—Arthur E. Guedel, M.D., 1633 Wellington Road, Los Angeles.

Stimulus threshold a variable factor. Response to stimulus depends upon relationship between stimulus and threshold. Anesthetic respiration affords easiest illustration.

Discussion by Clinton Thienes, M.D., Los Angeles.

56. *Experimental Basis for the Use of Stimulants*—Clinton H. Thienes, M. D., 3551 University Avenue, Los Angeles.

Analeptics are drugs that antagonize a state of depression. Drugs may arouse a comatose patient, or simply increase respirations or stimulate the vasomotor centers. The principal drugs of this sort are caffeine, theophyllin, strychnin, metrazol, picrotoxin, coramin, lobelin, and benzedrin. Peripherally acting drugs are the digitaloid glucosides and the sympathomimetic amines. The experimental basis for the clinical use of these drugs will be discussed.

Discussion by Albert J. Wineland, M. D., Los Angeles, and Myron Prinzmetal, M.D., Los Angeles (by invitation).

57. *The Desirability of a Selective Anesthetic Program*—Hall G. Holder, M. D., 233 A Street, San Diego.

Knowledge of the recent advances in anesthesia afford the surgeon considerable choice in selecting the anesthetic best suited for the surgical problem at hand. This choice must also take into consideration physical and emotional handicaps. This paper will discuss these and related problems.

Discussion by George D. Huff, M.D., San Diego; Edwin H. Kelley, M.D., San Diego.

Business Recess

Business meeting and election of officers.

✱

Second Meeting—Ballroom

Wednesday, May 11, 1:30 p. m.

Section unites with other Sections for symposium on "Shock" in main ballroom. (See page 12.)

* Monitors: Madeline Manuel, M.D., Pasadena; J. G. Dunlop, M.D., Los Angeles.

VI

DERMATOLOGY AND SYPHILOLOGY SECTION*

STANLEY O. CHAMBERS, M.D., *Chairman*
Roosevelt Building
727 West Seventh Street, Los Angeles

NELSON PAUL ANDERSON, M.D., *Secretary*
904 Westlake Professional Building
2007 Wilshire Boulevard, Los Angeles

ARNE E. INGELS, M.D., *Assistant Secretary*
Medico-Dental Building
490 Post Street, San Francisco

First Meeting—Cottage "B"

Monday, May 9, 1:30 p. m.

58. *Chairman's Address*—Stanley O. Chambers, M. D., 727 West Seventh Street, Los Angeles.

59. *Lymphoblastomas*—Udo J. Wile, M. D., Professor of Dermatology and Syphilology, University of Michigan, Ann Arbor, Michigan. (By invitation.)

This paper will treat of the lymphoblastomas as they involve the skin. The various dermatologic manifestations of the leukemias, Hodgkin's disease, and mycosis fungoides will be discussed. The relationship of these diseases to each other will be considered. Illustrated by lantern slides.

Discussion by Howard Morrow, M.D., San Francisco; Samuel Ayres, Jr., M.D., Los Angeles.

60. *Signs of Malignancy in Melanomas*—Clement E. Counter, M.D., 206 Professional Building, Long Beach.

This paper will deal with a large group of melanomas of the skin studied histopathologically with special reference to the signs of malignancy, particularly early malignant changes. Illustrated by photomicrographs.

Discussion by Nelson Paul Anderson, M. D., Los Angeles; John W. Budd, M. D., Los Angeles.

61. *Use of Strontium Bromid in Acute Urticaria*—Hiram D. Newton, M. D., 1203 Bank of America Building, San Diego.

This paper consists of a review of the use of strontium bromid in itching dermatoses, with specific reference to its use in acute urticaria and angioneurotic edema. S. Schubert, in 1929, reported eighteen such cases with phenomenal results by the intravenous use of strontium bromid. This report consists of about twenty cases of acute urticaria, urticarial serum reaction and angioneurotic edema treated by the intravenous injection of strontium bromid. An analysis of the results obtained and a discussion of the indications and contra-indication for the use of strontium bromid is included.

Discussion by William H. Goeckermann, M. D., Los Angeles; Laurence Taussig, M. D., San Francisco.

62. *The Uses of Sulfanilamid in Dermatology*—Franklin I. Ball, M. D., 6253 Hollywood Boulevard, Hollywood.

This paper will be a review of the employment of the drug as a therapeutic agent in such dermatoses as erysipelas, streptococcic lymphangitis and cellulitis, and chronic infectious eczematoid dermatitis. This paper will be illustrated with lantern slides in natural color.

Discussion by Arne E. Ingels, M. D., San Francisco; George Koetter, M. D., Los Angeles.

63. *Scabies: Its Treatment with Benzoyl Benzoate as Compared with Sodium Thiosulphate and HCl*—Arne E. Ingels, M. D., 490 Post Street, San Francisco.

A series of about sixty cases treated with benzoyl benzoate, sapomollis and alcohol, on two consecutive days, will be reported, mentioning untoward reactions and advantages; this, compared with an equal number of cases treated with sodium thio-

* Monitors: Thomas W. Nisbet, M. D., Pasadena, and Anker K. Jensen, M. D., Los Angeles.

sulphate and HCl. A short reference to other antibiotics will also be presented.

Discussion by Harry J. Templeton, M. D., Oakland; Thomas W. Nisbet, M. D., Pasadena.

64. *Pruritus Ani*—Charles R. Caskey, M. D., 1930 Wilshire Boulevard, Los Angeles.

This paper will discuss the subject from a dermatological aspect. Proctological, urological, and constitutional causative factors will be enumerated but left for discussion to specialists in these fields. Local etiological factors will be discussed, followed by pathology and treatment. Personal clinical deductions will be given with little reference to the literature.

Discussion by Philip K. Allen, M.D., San Diego; William H. Daniels, M.D., Los Angeles.

✱

Second Meeting—Cottage "B"

Tuesday, May 10, 8:30 a. m.

65. *Mapharsen Tolerance in Neoarsphenamin-Sensitive Patients: Analysis of One Hundred Cases*—Katherine H. MacEachern, M. D., 1200 North State Street, Los Angeles. (By invitation.)

This paper is a study of reactions to mapharsen in the treatment of syphilis in patients who previously showed intolerance to neoarsphenamin. Formerly the treatment of such patients was limited to the heavy metals. A certain percentage of these arsphenamin-sensitive patients are able to tolerate mapharsen.

Discussion by Hiram E. Miller, M.D., San Francisco; Frederick G. Novy, Jr., M.D., Oakland.

66. *Studies in Tissue Concentration of Bismuth*—Julius R. Scholtz, M. D., and Albert Cheney, Ph.D. (by invitation), 1930 Wilshire Boulevard, Los Angeles.

This study represents an attempt to show the concentration levels of bismuth which are attained when bismuth is administered in therapeutic doses to human syphilitic subjects. The data presented is from careful chemical analyses of the vital organs of persons who, while under routine bismuth therapy for syphilis, suffered sudden death from other causes. Included are two cases in which the cause of death was acute renal failure due to bismuth nephrosis. None of the other cases showed any clinical evidence of bismuth toxicity. Reports are given on twelve cases; this exceeds by far the total of all cases previously reported in the literature.

Discussion by Clinton Thienes, M.D., Los Angeles; Edward M. Butt, M.D., Los Angeles.

67. *The Absorption and Elimination of Bismuth Following Its Oral Administration to Rabbits*—Ernest K. Stratton, M. D., 490 Post Street, San Francisco.

In a comparative study several oral bismuth preparations were given to rabbits; the bismuth content of the feces and urine was determined following the administration of single doses as well as after multiple daily doses.

Discussion by Udo J. Wile, M.D., Ann Arbor, Michigan; Julius R. Scholtz, M. D., Los Angeles.

68. *The Treatment of Active Interstitial Keratitis in Prenatal Syphilis*—C. Russell Anderson, M. D., 1930 Wilshire Boulevard, Los Angeles.

The treatment of interstitial keratitis by chemotherapy alone is usually disappointing. Means were sought by which quiescence of the process could be brought about, thereby reducing opacities and scarring of the cornea to a minimum. During the past two years, all patients seen in the Los Angeles General Hospital, and all private patients, have been given a course of malaria fever with gratifying results. In some, in which age was a contraindication, typhoid vaccine intravenously was used. The cases are reviewed, and the conclusion is that at the present time malaria is the method of choice in treating active interstitial keratitis.

Discussion by Udo J. Wile, M.D., Ann Arbor, Michigan; Harold F. Whalman, M. D., Los Angeles.

69. *The Ninth-Day Erythema Following Arsphenamin Therapy*—Norman N. Epstein, M. D., and Edward A. Levin, M. D., 450 Sutter Street, San Francisco.

The ninth-day erythema due to arsphenamin therapy is of considerable practical importance in anti-syphilitic therapy. Five cases showing this reaction are reported. A discussion, with a review of the literature upon this subject, is presented.

Discussion by Maxwell J. Wolff, M.D., Los Angeles; C. J. Lunsford, M.D., Oakland.

70. *The Nonspecific Provocative Wassermann Reaction*—Charles W. Barnett, M. D., George V. Kulchar, M. D., and Richard B. Jones, M. D., Stanford University Medical School, San Francisco.

In a study of the provocative Wassermann reaction in syphilitic and nonsyphilitic patients, similar effects were noted. The clinical and experimental aspects of the provocative reaction are dealt with, special emphasis being placed on its lack of specificity.

Discussion by Stuart Way, M.D., San Francisco; H. Sutherland Campbell, M.D., Los Angeles.

Business Recess

Business meeting and election of officers.



VII

INDUSTRIAL MEDICINE AND SURGERY SECTION*

FREDERIC C. BOST, M.D., *Chairman*
384 Post Street, San Francisco

HARVEY G. MCNEIL, M.D., *Vice-Chairman*
523 West Sixth Street, Los Angeles

GEORGE H. SANDERSON, M.D., *Secretary*
242 North Sutter Street, Stockton

First Meeting—Cottage "D"

Monday, May 9, 1:30 p. m.

71. *Chairman's Address: The Importance of the Emergency Treatment of Compound Fractures*—Frederic C. Bost, M.D., 384 Post Street, San Francisco.

72. *Announcements Regarding Statistical Data on Industrial Accident Practice in the State of California*—Morton R. Gibbons, M. D., 350 Post Street, San Francisco.

73. *Neuropathic Joints: A Study of Their Development, with Particular Emphasis on the Causative Role of Trauma. Suggestions for Conservative and Radical Orthopedic Treatment*—Ralph Soto-Hall, M. D., 350 Post Street, San Francisco, and Keene O. Halde-man, M. D., 350 Post Street, San Francisco.

A group of neuro-arthropathies (Charcot joints) have been studied to determine their manner of development and their relation to trauma. Emphasis has been placed on the very early changes when the diagnostic problems are difficult. In addition to suggestions for conservative treatment, a method of arthrodesis of neuropathic joints, not previously reported, is described. This operation is performed in two stages, the first of which makes the sclerotic bone more viable by revascularization through multiple drilling, which procedure is followed by the arthrodesing operation.

Discussion by Ernst Freund, M.D., Los Angeles; Donald McNeil, M.D., Sacramento.

Business Recess

Business meeting and election of officers.

* Monitors: Mosser Taylor, M.D., Los Angeles, and William Arthur Clark, M.D., Pasadena.

74. *Traumatic Appendicitis*—George K. Rhodes, M. D., 490 Post Street, San Francisco.

Traumatic appendicitis is a diagnosis infrequently made but, nevertheless, one over which there is much controversy. Many claim awards have been made on the basis of such a diagnosis. This subject will be reviewed and the author's personal experience with several cases summarized.

Discussion by Wayland Morrison, M. D., Los Angeles; R. A. Jewett, M. D., Los Angeles.

✱

Second Meeting—Cottage "C"

Tuesday, May 10, 8:30 a. m.

This will be a joint meeting of the Section on Radiology and the Section on Industrial Medicine and Surgery.

The program of this joint meeting is printed under the first meeting of the Radiology Section. (See page 22.)

✱

Third Meeting—Crystal Room

Wednesday, May 11, 1:30 p. m.

SYMPOSIUM ON NUCLEUS PULPOSUS RUPTURE AND ITS RELATION TO INJURY

75. *Neurosurgical Aspects*—Howard Brown, M. D., 384 Post Street, San Francisco.

A consideration of the anatomy; clinical history and findings. Diagnoses by lipiodol studies. Use of intra-spinal air as a diagnostic measure. Operative findings and results.

76. *Orthopedic Aspects, Including the Question of Spinal Fusion Following Laminectomy*—Frederick Linde, M. D., 490 Post Street, San Francisco.

The following is a short résumé indicating the salient points in my paper on spinal fusion following laminectomy; (1) Orthopedic aspects of symptoms referable to dislocated intervertebral discs; (2) The desirability of a spinal fusion following complete laminectomy; (3) Technique of operation; (4) Postoperative care and results.

77. *X-ray Aspects*—Kenneth S. Davis, M. D., 2131 Ocean View Boulevard, Los Angeles.

The recognition by Mixter, Barr, and Ayres that protrusions of the intervertebral discs were identical with the lesions described by Schmorl has stimulated great interest in this condition. The roentgenographic signs may be classified as direct and indirect. The *direct* signs (narrowing to the intervertebral space, hypertrophic lipping, etc.), while suggestive, do not justify one in making a positive diagnosis. The indirect signs are obtained either by air myelography or by the use of lipiodol. Lipiodol should only be used in carefully selected cases after a thorough clinical investigation by one competent in doing neurological examination. It should never be used without a preliminary Queckenstedt test, and an examination of the spinal fluid.

78. *The Viewpoint of the Insurance Carrier and Claims Attorney*—Edmund D. Leonard, Esq., Attorney, San Francisco. (By invitation.)

79. *The Present Attitude of the Industrial Accident Commission*—Ross Harbaugh, M. D., 350 Post Street, San Francisco.

Discussion by Carl Rand, M. D., Los Angeles; J. M. Robinson, M. D., San Francisco.

A discussion of cases which have come before the Industrial Accident Commission with diagnosis, treatment, and degree of disability resulting.

VIII

NEUROPSYCHIATRY SECTION*

FRED O. BUTLER, M. D., *Chairman*
Sonoma State Home, Eldridge

JOHN B. DOYLE, M. D., *Secretary*
1930 Wilshire Boulevard, Los Angeles

First Meeting—Tap Room

Tuesday, May 10, 8:30 a. m.

80. *Chairman's Address: The Importance of a State-Wide Program on Mental Hygiene in California*—F. O. Butler, M. D., Sonoma State Home, Eldridge.

While much has been done on general preventive medicine in the State and country, comparatively little has been done on a broad scale along mental lines. A very definite program should be set up in California, especially on account of the big influx of all types of mental cases, which thus far the State has been unable to control.

81. *Geriatric Psychiatry—A Review of Some of the Psychiatric Problems of Senescence*—Charles Lewis Allen, M. D., 214 South Lafayette Park Place, Los Angeles.

Increase in the number of old people being brought to our Psychopathic Hospital. The cause of this increase. The nature of senescence and its physical basis. An outline of the chief psychopathic manifestations observed in our material. What can be included under the subject of psychoses of senescence? Their etiology, pathology, diagnosis, and classifications. Their prognosis and treatment. Complication of this latter problem by the California laws. Medico-legal considerations with regard to the senile psychoses.

Discussion by Paul A. Gliebe, M. D., San Francisco; Verne R. Mason, M. D., Los Angeles.

82. *Insulin Shock Therapy in Dementia Praecox: A Report of a Series of Cases*—Clifford W. Mack, M. D., Livermore Sanitarium, Livermore.

Introduction. Selection of cases. Legal complications. Points to be discussed with the family concerning the dangers and possibilities of treatment. Methods of treatment used. Number of cases. Brief case reports giving duration, symptoms, degree of mental impairment and results of treatment. Conclusion and analysis of results. Psychiatric lessons to be learned from this method of treatment.

Discussion by J. M. Nielson, M. D., Los Angeles; G. S. Johnson, M. D., San Francisco.

83. *Suicide*—F. G. Lindemulder, M. D., 2001 Fourth Avenue, San Diego, and F. E. Toomey, M. D., 233 A Street, San Diego.

It is an established fact that San Diego has the highest suicide mortality in the Western Hemisphere. This study includes research into probable causes of suicide from psychiatric, sociologic, and meteorologic standpoints. An attempt to classify the cases, separately and collectively, to gain more insight into the causation of suicide in this particular location is made.

Discussion by A. J. Rosanoff, M. D., and Glenn E. Myers, M. D., Los Angeles.

84. *An Analysis of the Classification "Epileptic Psychosis"*—Eugene Ziskind, M. D., and Esther Somerfeld-Ziskind, M. D., 2007 Wilshire Boulevard, Los Angeles.

The different types of psychotic reaction seen in epileptics are examined. The point is raised that epilepsy is a symptom or syndrome. The validity of making a major classification of the psychoses dependent on a symptom is questioned. Many epileptic psychoses are identical with psychoses caused by known etiologic agents. Only in the absence of a

* Monitors: Karl O. von Hagen, M. D., Los Angeles, and Cullen W. Irish, M. D., Los Angeles.

known etiologic factor is the condition referred to as an epileptic psychosis. The bearing of repeated convulsions on the possible production of a psychosis is discussed.

Discussion by G. S. Johnson, M. D., San Francisco; William Edler, M. D., Pasadena.

✱

Second Meeting—Cottage "B"

Wednesday, May 11, 1:30 p. m.

85. *Sympathectomy in Angina Pectoris*—R. B. Raney M.D., 727 West Seventh Street, Los Angeles.

A discussion of the cause of symptoms in angina pectoris, with especial attention to their relationship to the autonomic nervous system. The psychologic action of therapeutic drugs is taken up, as well as experimental work on the sympathetic nerve supply to the coronary vessels. An attempt is made to establish a basis for rational surgical therapy. A new operation is described. Five patients have been operated by this method; all obtained complete relief. One of the five gave definite electrocardiographic evidence of coronary disease.

Discussion by D. G. Dickerson, M. D., Los Angeles; Carl W. Rand, M.D., Los Angeles.

86. *Traumatic Intracerebral Hemorrhage: Its Relationship to Delayed Traumatic Apoplexy*—C. B. Courville, M. D., 312 North Boyle Avenue, Los Angeles.

Intracerebral hemorrhage following injury to the head is not uncommon. Judging from its anatomic location, it is probably a contrecoup lesion. On the basis of pathologic evidence, it is doubtful whether the so-called delayed traumatic apoplexy has any etiologic relationship to craniocerebral injury.

Discussion by H. W. Flemming, M.D., San Francisco; R. B. Raney, M.D., Los Angeles.

87. *Contributory Factors in Vascular Encephalopathy*—C. W. Irish, M. D., 1930 Wilshire Boulevard, Los Angeles.

In addition to a general discussion a number of photographs of illustrative lesions, photographs in color of injected specimens and photographs of roentgenologic studies of the cerebral supply will be demonstrated.

Discussion by A. G. Foord, M.D., Pasadena; W. N. Anderson, M. D., Los Angeles.

88. *Relation of the Childhood Infections to Behavior*—Arthur R. Timme, M.D., 1930 Wilshire Boulevard, Los Angeles.

Many behavior difficulties encountered in children have their root in what appears to be a mild encephalitis during the course of one of the infectious diseases. The prototype of this sort of behavior is seen in behavior changes in children following epidemic encephalitis, though usually to a greater degree. The grouping of symptoms is typical enough to be called a syndrome. Central nervous, vegetative nervous and endocrine symptoms are the rule. Localization in the hypothalamic region and basal ganglia is indicated.

Discussion by F. N. Anderson, M. D., Los Angeles; S. J. Glass, M. D., Los Angeles.

89. *Unilateral Cerebral Dominance: A Consideration of Some of Its Manifestations*—Karl O. von Hagen, M.D., 727 West Seventh Street, Los Angeles.

The different parts of the brain are discussed with regard to laterality of function. The degree of unilateral cerebral dominance varies for different functions and in different individuals. For some functions it is complete; for others only relative; while for others no dominance is evident. Recent advances of knowledge on the subject.

Discussion by F. G. Lindemulder, M. D., San Diego; S. D. Ingham, M. D., Los Angeles.

Business Recess

Business meeting and election of officers.

IX

PATHOLOGY AND BACTERIOLOGY SECTION*

GERTRUDE MOORE, M.D., *Chairman*
2404 Broadway, Oakland

GEORGE D. MANER, M.D., *Secretary*
657 South Westlake Boulevard, Los Angeles

PAUL H. GUTTMAN, M.D., *Assistant Secretary*
1127 Eleventh Street, Sacramento

First Meeting—Cottage "E"

Monday, May 9, 1:30 p. m.

90. *Chairman's Address*—Gertrude Moore, M. D., 2404 Broadway, Oakland.

91. *Bilateral Carcinoma of the Breast, with an Interesting Familial History*—David A. Wood, M. D., Stanford University School of Medicine, San Francisco; E. L. Rixford, M. D., 1795 California Street, San Francisco; and H. H. Darling, M. D., 909 Hyde Street, San Francisco.

This is the report of a typical cancer family in which most of the members of three generations have either succumbed to cancer or are suffering with it at the present time. On both sides of the family tree bilateral carcinoma of the breast has appeared.

92. *Some Bacteriological Studies in Sulphanilamid Therapy*—Paul Michael, M. D., 434 Thirtieth Street, Oakland.

This paper confines itself to a review of the pertinent literature only. The biochemical and physiological reactions of sulphanilamid and its allied substances are discussed. Bacteriological studies *in vivo* and *in vitro* reported, with particular reference to the gonococcus, staphylococcus and streptococcus groups. Rationale of improved method of therapy discussed.

93. *Intracranial Vascular Anomalies—Pathology of Certain Congenital and Acquired Lesions of Intracranial Blood Vessels*—Newton Evans, M. D., 2000 Milan, South Pasadena, and Cyril B. Courville, M. D., 312 South Boyle Avenue, Los Angeles.

In an autopsy series of approximately twenty thousand, a large number of these vascular anomalies have been encountered. These include aneurysms of the circle of Willis and its branches, varices of the dural sinuses, angiomas, angioblastomas, etc. These are discussed from the standpoint of pathogenesis, morphology and effects.

✱

Second Meeting—Cottage "D"

Tuesday, May 10, 8:30 a. m.

94. *Aplastic Anemia: Some Little-Stressed Aspects*—Theodore S. Kimball, M. D., 217 North Central Avenue, Glendale; and Sydney N. Soll, M. D. (by invitation), 2423 Grand Street, Huntington Park.

Aplastic anemia has been usually thought of as a condition in which the severe leukopenia, anemia, and thrombopenia present are the result of a completely aplastic bone marrow. In a series of cases recently autopsied at the Los Angeles County Hospital studies have revealed that the above clinical findings may result from bone marrow which still contains many regenerating cells.

95. *Morphology of Epithelioblastoma*—John W. Budd, Jr., M. D., 2131 West Third Street, Los Angeles.

In an analysis of salivary gland tumors the wide variety of tumor patterns was found to be due to variations in (1) degree in direction of differentiation of the epithelial cells; (2) polarity of secretion; (3) nature of secreted material.

Other forms of epithelial neoplasms are similarly analyzed.

* Monitors: T. S. Kimball, M. D., Los Angeles, and E. M. Butt, M. D., Los Angeles.

96. *Report of an Epidemic of Gastro-enteritis in Infants*—E. M. Butt, M.D., 3551 University Avenue, Los Angeles; and John F. Kessell, Ph.D. (by invitation), University of Southern California School of Medicine, Los Angeles.

This paper will include a summary of the case histories, the necropsy findings, and a report of the bacteriological studies in a series of four cases of gastro-enteritis together with pneumonia in infants. These infants simultaneously contracted the infection during their first few days of life in a local maternity hospital. The epidemic subsided as abruptly as it began and no further cases developed. *Pseudomonas aeruginosa* was recovered from all four cases. The evaluation of these findings will be discussed in detail in the paper.

97. *Tuberculosis of Animal Origin*—Emil Bogen, M.D., Olive View Sanatorium, San Fernando.

Nearly two thousand reported instances of bovine type tubercle bacillus infection in man emphasize the importance of transmission from animals. An instance of pulmonary tuberculosis of bovine origin discovered at Olive View illustrates this danger. Tuberculosis of animal origin should be eradicated.

98. *Theca Cell Tumors of the Ovary*—A. G. Foord, M.D., 749 Fairmont Avenue, Pasadena.

A report of two cases of theca cell tumors will be given, with discussion of the cases in the literature, aggregating about seventeen at the present time. For years these cases have been classed as ovarian fibromas or some other term. The similarity of the clinical manifestations to those of granulosa cell tumors and the embryologic and histologic diagnostic features will be discussed.

Business Recess

Business meeting and election of officers.

✽

Third Meeting—Ballroom

Wednesday, May 11, 1:30 p. m.

SYMPOSIUM ON SHOCK

This will be a joint meeting of the following sections: Medicine; Surgery; Obstetrics and Gynecology; Eye, Ear, Nose and Throat; Pathology; Pediatrics.

The program of this joint meeting is printed under the fourth meeting of the General Medicine Section. (See page 12.)



X

PEDIATRICS SECTION*

E. EARL MOODY, M.D., *Chairman*
829 So. Alvarado Street, Los Angeles

HARTZELL H. RAY, M.D., *Secretary*
23 Second Avenue, San Mateo

W. W. BELFORD, M.D., *Assistant Secretary*
601 Medico-Dental Building, San Diego

First Meeting—Cottage "C"

Monday, May 9, 1:30 p. m.

99. *The Preventorium Child*—Harold G. Trimble, M.D., 508 Sixteenth Street, Oakland.

Our concept of childhood tuberculosis has changed materially since 1920. During this time many structures have been erected for the care of children who were presumably pretuberculous. There is but little need in many areas for these structures for the purpose for which they were originally intended. Such institutions can be used

not only as educational centers, but also in specific cases in helping solve physical and psychological problems in individual children other than tuberculosis, as well as providing care for a limited time for a few selected cases of known T.B. contacts.

Discussion by Chesley Bush, M.D., Livermore; Clifford Sweet, M.D., Oakland; W. A. Hodges, M.D., Pasadena.

100. *Treatment of Meningococcic Meningitis*—Paul M. Hamilton, M.D., 248 East Main Street, Alhambra; William J. Mitchell, M.D. (by invitation), 1200 North State Street, Los Angeles, and Albert G. Bower, M.D., 136 No. Central Avenue, Glendale.

A review of 120 cases treated at the Los Angeles County General Hospital during the past two years, with results of treatment with serum, antitoxin, sulfanilamid, and combinations of these agents.

Discussion by Philip E. Rothman, M.D., Los Angeles; Edward B. Shaw, M.D., San Francisco.

101. *Intestinal Obstruction in Children*—W. J. Norris, M.D., 1136 West Sixth Street, Los Angeles.

This paper is based upon the findings in one hundred cases of different types of intestinal obstruction in children who were admitted to the Children's Hospital of Los Angeles. A résumé of the various types will be given with pictures and remarks.

Discussion by Henry Hunt Searls, M.D., San Francisco.

102. *Pyuria in the New-Born*—William M. Happ, M.D., 3875 Wilshire Boulevard, Los Angeles.

Pyuria or so-called pyelitis occurs in new-born babies, but the condition is seldom recognized because urine examinations are not done. The symptoms are fever and digestive upsets. It occurs in boys as often as in girls. The condition is frequently secondary to some congenital obstruction in the urinary tract. These obstructions are outlined in the paper. Illustrative cases presented.

Discussion by Elmer A. Belt, M.D., Los Angeles.

103. *Report of the Committee on Immunization Procedure*—Edward B. Shaw, M.D., 384 Post Street, San Francisco. (Committee report.)

The Committee on Immunization Procedures will submit a brief report detailing its recommendations regarding the use of the various procedures, some of which it is felt should be done routinely, some for special considerations and some not at all. There will be included a brief discussion of recommended methods for the performance of these procedures.

Committee members: Edward B. Shaw, M.D., Chairman, San Francisco; Paul M. Hamilton, M.D., Alhambra; Henry E. Stafford, M.D., Oakland.

Business Recess

Business meeting and election of officers.

✽

Second Meeting—Ballroom

Wednesday, May 11, 8:30 a. m.

SYMPOSIUM ON VITAMINS

Joint meeting with Section on Medicine.

104. *Present Knowledge of Vitamins*—Nina Simmonds, Sc.D., University of California, San Francisco. (By invitation.)

During the past thirty years research in nutrition has yielded a large amount of detailed information regarding the essentials of an adequate diet. An understanding of the dietary properties of foods and the demonstration of the existence of the vitamins were made possible only by animal experimentation. The practical application of this research data to the physician will be the theme of the paper.

Discussion by William Palmer Lucas, M.D., San Francisco.

* Monitors: Ralph Netzley, M.D., Pasadena, and William Riley, M.D., San Francisco.

105. *Studies of the Blood Plasma—Vitamin C in Childhood*—James F. Rinehart, M.D., University of California Medical School, San Francisco.

This report is based upon the analysis of a large series of blood vitamin C determinations in childhood, both in health and disease. The reliability, usefulness and limitations of the method are considered, as is evidence pertaining to the possible influence of C deficiency in certain diseases.

Discussion by Roland P. Seitz, M.D., San Francisco.

106. *Studies on Hypoglycemia in Infants and Children*—Alexis F. Hartmann, M.D., Professor of Pediatrics, Washington University School of Medicine, St. Louis, Missouri. (By invitation.)

An outline will be presented of the various ways in which the hypoglycemia state may be produced, and observations on normal newly born infants, those born of diabetic mothers, and those with intracranial or adrenal hemorrhage, together with observations on the group of children with severe recurrent attacks of hypoglycemia, will be stressed.

107. *Diagnosis and Treatment of Vitamin Deficiency States*—Dwight L. Wilbur, M.D., 490 Post Street, San Francisco. (By invitation.)

In this presentation is discussed the diagnosis of vitamin deficiency states. These conditions most commonly consist of mild pathological and physiological changes, and the diagnosis depends on the recognition of the clinical features of these deficiencies and on the interpretation of certain so-called diagnostic tests available for vitamins A, C, and D.

Discussion by Stacy R. Mettier, M.D., San Francisco; William C. Boeck, M.D., Los Angeles.

✻

Third Meeting—Ballroom Wednesday, May 11, 1:30 p. m.

SYMPOSIUM ON SHOCK

This will be a joint meeting of the following sections: Medicine; Surgery, Obstetrics and Gynecology; Eye, Ear, Nose and Throat; Pathology; Pediatrics.

The program of this joint meeting is printed under the fourth meeting of the General Medicine Section. (See page 12.)



XI

RADIOLOGY SECTION*

JOHN D. LAWSON, M.D., *Chairman*
California State Life Building
Sacramento

KARL M. BONOFF, M.D., *Secretary*
1930 Wilshire Boulevard
Los Angeles

First Meeting—Cottage "C" Tuesday, May 10, 8:30 a. m.

Joint meeting with Section of Industrial Medicine and Surgery.

108. *Normal Angles in the Bones About Various Joints and Reporting in Degrees the Deviations from the Normal*—R. G. Van Nuys, M.D., 2490 Charming Way, Berkeley.

A presentation of normal bone angles about certain joints. An effort has been made to find a standard for measuring deviations from normal,

and reporting the same in degrees and centimeters. Special attention is given to the central axis of weight bearing and its relation to the astragalus. The salient angles of the os calcis are of great importance. Wrist, elbow and hip angles are dealt with. Knee joint spaces have been measured and recorded. The paper will be given by aid of slides.

Discussion by Harold E. Crowe, M.D., Los Angeles.

109. *X-ray Evidence of Healing of Fractures of the Femoral Neck*—H. A. Hill, M.D., and L. H. Garland, M.D., 450 Sutter Street, San Francisco.

The question has been frequently asked: "What percentage of fractures of the neck of the femur in elderly persons unite by bone?" The answer, up to recent years, was usually "very few." However, since the introduction of various mechanical immobilizing devices, an increasing percentage of fractured femoral necks appear to show bony union. In order to determine the percentage of cases showing x-ray evidence of bony union at varying intervals following fractures, the present study was undertaken. A comparison of the clinical and roentgenological evaluations of union will be outlined, and the roentgenological results to date in the series of cases studied will be presented.

Discussion by K. S. Davis, M.D., Los Angeles.

110. *The Measurement of the Deformity of Alignment in Fractures*—Clayton R. Johnson, M.D., Murphy Memorial Hospital, Whittier.

A method for exact measurement of the deformity of alignment is proposed, especially for those deformities which may affect the function of adjacent joints. The normal angulation of various joint surfaces is given along with the characteristic deformities which often occur with fracture.

Discussion by J. S. Woolford, M.D., Eureka.

111. *End Result Study on Fractured Hips Treated at the San Francisco City and County Hospital*—Wilbur J. Cox, M.D., 450 Sutter Street, San Francisco.

This is a study of fifty fractures of the neck of the femur in which the Smith-Peterson nail was used as a method of internal fixation.

Discussion by John Wilson, M.D., Los Angeles; G. J. McChesney, M.D., San Francisco.

112. *Experiences with the Smith-Peterson Nail*—William Arthur Clark, M.D., 65 North Madison Avenue, Pasadena.

The author has used the Smith-Peterson pin since 1930, by the open reduction method exclusively. Accurate reduction is essential before fixation. Failures have been due to atrophy of the head and to having the pin too high in the spongy trochanter. A short history of metal fixation for fractures of the hip will be given.

Discussion by E. W. Cleary, San Francisco; Frazer Macpherson, M.D., San Diego.

Business Recess

Medical Economics meeting.

✻

Second Meeting—Cottage "D" Wednesday, May 11, 8:30 a. m.

113. *Chairman's Address*—John D. Lawson, M.D., California State Life Building, Sacramento.

114. *The Roentgenologic Demonstration of Gall Bladder Tumors*—J. D. Coate, Peralta Hospital, Oakland.

Six cases will be included in this report, with complete pathologic studies on three proven cases. This series included both the papillomata and the adenomata.

Discussion by Sumner Everingham, M.D., Oakland; Paul Michael, M.D., Oakland.

* Monitors: E. W. Liljedahl, M.D., Los Angeles, and J. F. Chapman, M.D., Pasadena.

115. *The Roentgen Diagnosis of Diseases of the Ileocecal Region of the Gastro-intestinal Tract*—Joseph Jelen, M.D., Department of Radiology, Queen of Angels Hospital, Los Angeles.

There are a large number of diseases which show a special predilection for involvement of the ileocecal region of the gastro-intestinal tract. A classification of these diseases is presented, with a discussion of the roentgen diagnosis. A series of lantern slides will be shown illustrating the roentgen appearance of various diseases mentioned.

Discussion by Irving S. Ingber, M.D., San Francisco; C. M. Richards, M.D., San Jose.

116. *Marked Subperiosteal Calcification in Early Scurvy*—Carl D. Benninghoven, M.D., Mills Memorial Hospital, San Mateo.

Three cases which show the course from early onset to complete healing.

Discussion by James F. Rinehart, M.D., San Francisco; Carl Bowen, M.D., Oakland.

117. *Pulmonary Miliary Lesions*—Ray Carter, M.D., 1200 North State Street, Los Angeles.

Diseases producing them, factors influencing their visibility on the film and the roentgen differentiation diagnosis.

Discussion by M. J. Geyman, M.D., Santa Barbara; M. L. Pindell, M.D., Los Angeles.

Business Recess

Business meeting and election of officers.

✱

Third Meeting—Cottage "D"

Wednesday, May 11, 1:30 p. m.

118. *Operation of a Multiple Portal Supervoltage X-ray Tube*—A. H. Warner, Ph.D., 1407 South Hope Street, Los Angeles. (By invitation.)

The mechanical and electrical features of a 600,000-volt installation are described. The radiation has been studied and depth dose curves and absorption curves in lead and aluminum are given.

Discussion by Robert S. Stone, M.D., San Francisco.

119. *What Can One Expect from Radiation Therapy in Cancer of the Rectum and Anus*—Orville N. Meland, M.D., 1407 South Hope Street, Los Angeles.

Carcinoma of the rectum offers great obstacles to its successful treatment by radiation alone. This is due to its situation and its radioresistance, so that the results are largely palliative. Carcinoma of the anus, on the other hand, is accessible, and is often successfully treated by radiation alone.

Discussion by G. S. Sharp, M.D., Pasadena; Clyde Emery, M.D., Los Angeles.

120. *X-ray in Treatment of Carcinoma of the Breast*—Lyell C. Kinney, M.D., 1831 Fourth Street, San Diego.

Except in the early localized cases, the newer methods of fractional radiation combined with surgery will practically double the present curability. Newer radiation methods make it possible to restrict the field of operability, as radical surgery offers little palliation in advanced cases. Radiation with or without simple mastectomy offers real palliation and will prolong life. The paper will discuss indications for x-ray treatment and the present conception of what is adequate radiation in carcinoma of the breast.

Discussion by Alson R. Kilgore, M.D., San Francisco.

121. *Use of Radiation Therapy in Acute and Chronic Inflammatory Conditions*—Henry Johnson Ullmann, M.D., 1520 Chapala Street, Santa Barbara.

The discussion includes all inflammatory processes other than dermatoses, malignant and premalignant lesions.

Discussion by William H. Sargent, M.D., Oakland.

XII

UROLOGY SECTION*

LLOYD E. KINDALL, M.D., *Chairman*
400 Twenty-ninth Street, Oakland

CARL F. RUSCHE, M.D., *Secretary*
1680 North Vine Street, Hollywood

First Meeting—Cottage "A"

Wednesday, May 11, 8:30 a. m.

122. *Congenital Solitary Kidney*—Report of Two Cases—Frederick A. Bennetts, M.D., 1921 Wilshire Boulevard, Los Angeles.

One, occurring in an infant seven months of age with hydrourter and hydronephrosis. Another, in a girl seventeen years of age, complicated by hydronephrosis secondary to congenital adhesions and anomalous blood vessels about upper ureter and lower pole of kidney, producing acute Dietl's crisis and anuria.

Discussion by Carl Rusche, M.D., Hollywood; Edward Beach, M.D., Sacramento.

123. *The Cure of Gonorrhea: An Immunologic Problem*—Edward W. Beach, M.D., Medical Dental Building, Sacramento.

Gonorrhea is concededly a self-limiting disease. Stated differently, the cure of gonorrhea is contingent to and predicated upon the development of complete tissue immunity. A much better understanding of this immunologic mechanism must be contrived before the advent of more efficient treatment and more intelligent application. To this end, modern concepts anent this autogenetic phenomena are briefly reviewed herein. An attempt is likewise made to evaluate the newer forms of therapy (particularly chemotherapy and induced fever) in terms of immunologic accomplishments as applied to the problem of cure.

Discussion by Arno Folte, M.D., San Francisco; J. J. Crane, M.D., Los Angeles.

124. *The diagnosis and Treatment of Secondary Anaerobic Infections of Kidney Wounds*—Charles P. Mathé, M.D., 450 Sutter Street, San Francisco.

Report of case presenting secondary anaerobic streptococcal infection of kidney wound following nephropexy and sympathectomy. Elongated non-pus-producing blind sinuses were encountered between abdominal muscular layers. Anaerobic infection diagnosed. Cleared up by local administration, intra and hyperdermic injection of antigen and intramuscular injections of immunized blood. Problem of diagnosis. Treatment. Prognosis and results.

Discussion by Thomas Gibson, M.D., San Francisco; Clark Johnson, M.D., San Francisco.

125. *Suprapubic Bladder Drainage*—Henry A. R. Kreutzmann, M.D., 2000 Van Ness Avenue, San Francisco.

This paper explains in detail the method of inserting the improved suprapubic trocar just above the symphysis pubis into the distended bladder. Its use in cases of acute retention resulting from hypertrophied prostate or impassable urethral stricture is discussed. The advantages of this method over indwelling catheter for drainage preliminary to prostatectomy and the results obtained by this method in seventy cases are discussed in detail. A motion picture illustrates the operation.

Discussion by Paul A. Ferrier, M.D., Pasadena; Albert M. Meads, M.D., Oakland.

126. *Carcinoma of the Prostate*—Frank Hinman, M.D., 603 Fitzhugh Building, San Francisco.

Introduction: Incidence, diagnosis, treatment. Analysis of 191 cases with type of treatment and results. The result in detail of forty-five cases treated by radical operation.

Discussion by Arthur B. Cecil, M.D., Los Angeles; A. Elmer Belt, M.D., Los Angeles.

* Monitors: Donald Charnock, M. D., Los Angeles, and Chester H. Mackay, M. D., Los Angeles.

- 126a. *Experimental Production in Animals of Conditions Similar to Those of the Adrenal Syndrome in Humans*—James B. Hamilton, Ph. D., Yale University School of Medicine, New Haven, Connecticut. (By invitation.)

It has been reported that the presence in the female of adequate amounts of male hormone substance will cause masculinization changes in the clitoris and the homologue of the male prostatic glands and cessation of the female reproductive cycle. If given sufficiently early in the prenatal period, embryological defects result. These and other changes following androgen treatment constitute a condition which corresponds even in some fine details to that which occurs in the adrenal syndrome of humans with tumor or hyperplasia of the adrenal.

127. *Chairman's Address: Conservative Renal Surgery—With Particular Reference to Kidney Trauma*—Lloyd Kindall, M.D., 400 Twenty-ninth Street, Oakland.

✽

Second Meeting—Cottage "A"

Wednesday, May 11, 1:30 p.m.

128. *Treatment of Vesical Diverticula*—Roger W. Barnes, M.D., and R. Theodore Bergman, M.D., Suite 707, Medico-Dental Building, Los Angeles.

A comprehensive review of the literature is made pertaining to the etiology, pathology, and treatment of vesical diverticula. A conservative method, transurethral diverticulotomy, is also discussed.

Discussion by J. J. Crane, M.D., Los Angeles; A. A. Kutzmann, M.D., Los Angeles.

129. *Diagnosis and Treatment of Urinary Tract Infections*—James R. Dillon, M.D., 490 Post Street, San Francisco.

Two years ago a report was made on urinary tract infections with clear urine. Further studies and observations on diagnostic technique and treatment will be presented under the above title, illustrated by lantern slides.

Discussion by A. J. Scholl, M.D., Los Angeles; A. M. Meads, M.D., Oakland; Nathan Hale, M.D., Sacramento.

130. *Limitation of Male Sex Hormone Therapy for Benign Hyperthrophy*—Robert V. Day, M.D., 1911 Wilshire Boulevard, and Harry W. Martin, M.D., 6253 Hollywood Boulevard, Los Angeles.

Testosterone itself, and both liposoluble and hydrosoluble testis extracts, are potent in relieving hesitancy, feeble stream and nycturia in Grade 1 and Grade 2 hyperthrophied prostates, and often the residual markedly decreases. It cannot be demonstrated that the prostate is actually decreased in its dimensions. This form of therapy is valuable in certain types of cases where surgery carries too great an element of danger or it seems necessary to

the patient himself to postpone a surgical procedure for economic or other reasons personal to him. Like insulin, the treatment should not be discontinued, but the dose may be diminished in many cases. This form of therapy is not in any sense a substitute for surgical relief of major prostatic obstruction.

Discussion by Miley B. Wesson, M.D., San Francisco; Paul A. Ferrier, M.D., Pasadena.

131. *The Cystoscopic Implantation of Radium Element in Tumors of the Bladder—A New Technique*—Thomas D. Moore, M.D., 899 Madison Avenue, Memphis, Tennessee. (By invitation.)

132. *Causes of Persistent Sinus Following Suprapubic Cystotomy with Reports of Unusual Cases*—Ben D. Massey, M.D., 112 North Madison Avenue, Pasadena.

Persistence or reformation of a suprapubic sinus is usually due to obstruction of the bladder neck. The paper discusses a patient with myeloid leukemia who developed a suprapubic abscess and urinary sinus five years after prostatectomy. This sinus failed to heal in the absence of lower urinary tract obstruction. Necropsy findings are reported and the rôle of infection is discussed as a causal factor in these conditions.

Discussion by Robert V. Day, M.D., Los Angeles; H. C. Bumpus, M.D., Pasadena.

133. *Congenital Renal Anomalies, with Special Reference to Horseshoe Kidney, with Motion Picture*—Carl Rusche, M.D., and Samuel K. Bacon, M.D., 1680 North Vine Street, Hollywood.

The congenital renal anomaly—horseshoe kidney (with motion pictures in color showing the operative technique for calculous disease). This paper briefly reviews renal embryology, the anatomical features, frequency, and clinical aspects of horseshoe kidney. The management of a patient with horseshoe kidney and calculous disease is reported and the operative technique is demonstrated by motion picture in color.

Discussion by William E. Stevens, M.D., San Francisco; B. H. Hager, M.D., Los Angeles.

134. *Believe It or Not*—Wirt B. Dakin, M.D., 802 Pacific Mutual Building, Los Angeles, California.

A collection of reports of such a startling and incredible nature as to immediately attract keen interest and curiosity. Cases with strangely baffling symptoms, startling pathological conditions and such weird operative findings that one would scarcely give them credence unless he saw them with his own eyes. They represent contributions from many of our leading urologists that are a refreshing stimulus to what is bound to become at times a jaded medical appetite. Many amusing incidents are included.

Business Recess

Business meeting and election of officers.

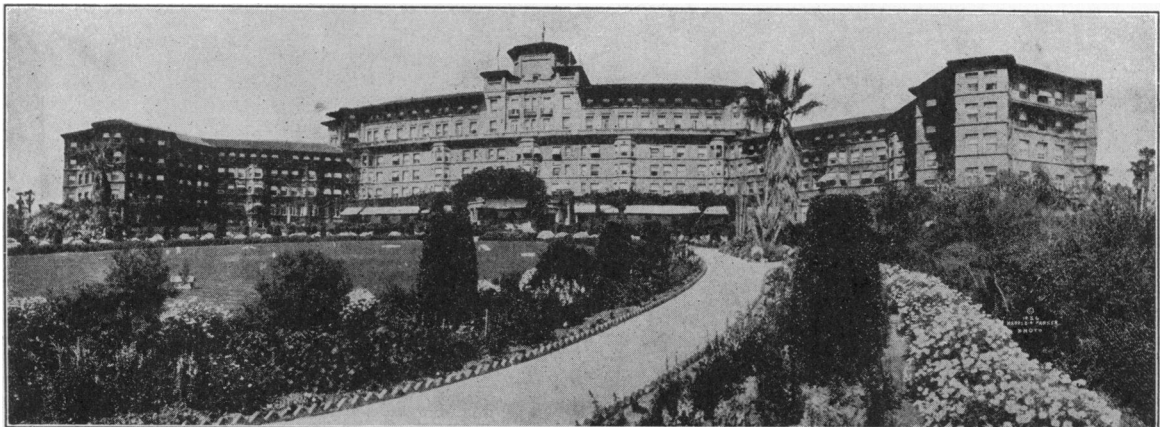


Fig. 1.—Front view of the Huntington Hotel showing a portion of the Horseshoe Gardens.